

OUO/PII (when completed)

REPORTING LOST, STOLEN, FORGOTTEN or UNRECOVERED BADGE

To be completed by or on behalf of a SNL-issued badge holder to report a lost, stolen, or forgotten (LSF) badge, OR by a SNL Badge Requestor/Delegate to report an unrecovered badge. Return to Badge Office in person, via fax (SNL/NM & remote sites 505.844.4263, SNL/CA 925.294.6376), or internal/secure email to security@sandia.gov. Reference Corporate Procedure ISS.100.5.5, Use, Control, and Protect Badges for LSF policy.

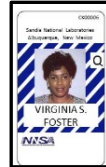
Badge Holder

NAME (Last, First, MI)

SSN:

SNLID:

PHONE:

 Sandia Corp. Employee Contractor Consultant Visitor Colleague**Badge Type** HSPD-12 Federal Credential Local Site-Specific Only (Striped)**Badge Status***(complete only one section)*

1. **LOST** or **STOLEN** If Stolen, notify SIMP *immediately 24/7* (SNL/NM & remote sites - 505-283-7467 or SNL/CA- 925-294-3238) in addition to submitting this form.

a. Date badge was last in possession:

b. Approximate time badge was last in possession (e.g., 10:30 am):

c. Last known physical location of badge:

d. Describe how badge was lost/stolen. *Include date(s), time(s), and location(s). If badge was stolen, list any other items taken.*e. Have any attempts been made to recover the badge? Yes No *If yes, describe. Include date(s) and result(s)*

2. **UNRECOVERED** (Sandia Badge Requestor/Delegate Use Only)

a. Reason the badge is no longer valid or required

b. Have any attempts been made to recover the badge? Yes No *If yes, describe. Include date(s) and result(s)*

3. **FORGOTTEN**

Report Completed By

Badge Holder Other Name: _____ Title: _____ Phone: _____

Acknowledgment

I understand that the badge reported herein is the property of the U.S. Government and that in the event it is recovered, I will return it as soon as possible to the Sandia Badge Office

Signature:

Date:

BADGE OFFICE USE ONLY - Badge No. _____ SIMP NOTIFIED (security@sandia.gov) DATE or 'N/A': _____ HSPD-12 Green Slip Completed? Y N N/A Initials _____

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